

STATE OF MONTANA
STREAM ACCESS
PORTAGE ROUTE REQUEST
Title 23, Chapter 2, Part 311

NOTE: See 2nd page for additional information

1. Name of Applicant _____
Address _____
State _____ Zip Code _____ Telephone number _____

2. Name of Landowner _____
Address _____
State _____ Zip Code _____ Telephone number _____

3. Name of stream at location of portage request _____
Location of beginning of proposed portage _____ 1/4 _____ 1/4 _____ 1/4, Section _____
Township _____ Range _____ County _____

4. Describe conditions necessitating a portage _____

5. Describe the proposed portage route, including direction, distance, etc. Include a diagram or attach a map to the application. _____

THE APPLICANT CERTIFIES THAT THE STATEMENTS APPEARING HEREIN ARE, TO THE BEST OF HIS OR HER KNOWLEDGE, TRUE AND CORRECT.

Signature _____ Date _____

RETURN COMPLETED FORM TO THE PROPER ADMINISTERING AGENCY (LOCAL CONSERVATION DISTRICT, GRAZING DISTRICT, OR BOARD OF COUNTY COMMISSIONERS)

Instructions for Completing and Submitting this Form

On the diagram (below) or map (to be attached) referred to in item 5 on page one of this application, include the following:

1. Location of proposed portage route and existing barriers
2. Name of waterway involved and direction of flow
3. North arrow
4. Names of any communities or significant identifiable landmarks in the area
5. Scale, e.g., 1" = 100 feet
6. Property boundaries
7. Any other information, which you feel, would add to the understanding of the proposed portage.

PROPOSED PORTAGE ROUTE